

## Beacon Centre for the Blind

# Beacon Extracare

### Inspection report

Beacon Court  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Beacon Extracare is a domiciliary care service, which provides personal care for older people living in sheltered housing flats and within the community. People using the service are mainly blind or partially sighted with a sensory impairment, but may also experience Dementia, learning disabilities or Autism. At the time of the inspection 45 people on site and 32 within the community were receiving care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People were supported by staff to remain safe. There were enough staff available to people and people's needs were attended to in a timely manner. Risk assessments were in place to minimise any potential risk to people's wellbeing. Staff were recruited in a safe way. People received their medicines as expected.

Staff knew people's needs. Staff received training and had been provided with an induction and felt able to approach the registered manager with any concerns. People were assisted to receive food and drinks by staff where required. People were supported to maintain their health.

People were supported to have choice and control over their lives and staff understood that they should support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured that people's privacy and dignity was maintained.

People's care plans reflected their needs and preferences and staff understood the care that people required. Complaints were dealt with appropriately in line with the complaints' procedure.

Quality monitoring systems were in place. Feedback was taken from people and used to inform the service. People knew the registered manager and felt they were approachable.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good. (Report Published 13 January 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Beacon Extracare

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One Expert by Experience had a visual impairment and they assisted the inspection on-site. The second Expert by Experience made telephone calls to people the following day.

#### Service and service type

Beacon Extracare is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. This service provides care and support to people, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return [PIR]. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who use the service and five relatives. We spoke with three members of care staff, an administration worker, an IT worker, a representative of the provider and the Registered Manager.

We looked at two people's care records, three staff recruitment records and records relating to the governance of the service. This included quality assurance audits, records of accidents and incidents and complaints made.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, with one person saying, "Oh yes I feel absolutely safe with them all [staff]. I look forward to them coming to see me." A relative told us, "They are marvellous carers and [person] is very safe with them. I would not leave him with anyone else."
- People were kept safe and staff were able to describe to us the different types of abuse that people may encounter. One staff member told us, "I would notice if somebody was withdrawn or down and would look into why".
- We saw safeguarding referrals had been dealt with as required and staff understood the process.

Assessing risk, safety monitoring and management

- Risks assessments were in place and risks were identified, but these were in a basic form and required more detail. We saw the new paperwork, which was being introduced over the next weeks and saw that it would provide much more comprehensive information around risk.
- People's risk assessments considered risks presented by their home environment and possible hazards, such as infection control and any medical diagnosis or healthcare requirement.
- Accidents and incidents had been dealt with as required, with action being taken if needed.

Staffing and recruitment

- People told us there were enough staff available to them and one person said, "They always seem to have enough staff, they never miss any calls." A relative told us, "As far as I am aware they do have enough, they always send someone to us anyway."
- Rotas reflected the amount of staff on duty at the time of the inspection.
- We found all pre-employment checks had been carried out including the obtaining of references and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- We found people received their medicines safely. One person told us, "They [staff] help me with my medication all the time." A relative told us, "Yes they give [person] their tablets and they are always on time, never any problems." A staff member told us, "I am competent to give medicines and I have had the training."
- Medicine Administration Records [MAR] that we looked at recorded the medicines given to people. We saw medicines had been administered and recorded correctly. Staff told us how medicines were disposed of appropriately. Where people received medicines 'as and when' required there were instructions for staff as to how to give these.

### Preventing and controlling infection

- We found staff ensured hygienic practices were in place when assisting people. One person told us, "Yes they [staff] do wear gloves and aprons all the time."
- Staff had completed infection control training and told us how they understood the need to comply with the required procedures.

### Learning lessons when things go wrong

- The provider had recognised that the paperwork they were using required comprehensively updating and they had done this, with information being inputted imminently.
- The Registered Manager told us how they had learnt from the previous inspection where somebody had left a bottle of alcohol in a communal cupboard, the Registered Manager now checked all accessible cupboards daily.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission information received from the local authority or previous care provider assisted the provider in compiling an initial assessment to ensure care was planned and reflected people's individual needs and preferences.
- Protected characteristics within the Equality Act, such as disability needs, religious and cultural requirements age and gender had been considered as part of the assessment process.

Staff support: induction, training, skills and experience

- People we spoke with felt staff were knowledgeable and well trained. One person told us, "They [staff] know exactly what [person] needs and just get on with it without any fuss." A staff member told us, "We know people and their needs so well, just as well as their families do, if not better in some cases".
- Staff received an induction, which included the shadowing of longer serving staff members and learning about the people they were supporting. A staff member told us, "My induction was useful." We saw that staff new to the care sector completed the care certificate. The care certificate is a set of standards, which sets out the required skills, knowledge and behaviours required of people working in health and social care sectors.
- Staff received training and one staff member spoke of how they had recently completed manual handling training.
- Staff told us they received regular supervision, but that they could go to the Registered Manager at any time.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people received meals, they told us that they were happy with the quality. One person told us, "The food here is great, I chose my dinner in the restaurant." A second person said, "The food here is good, I like it." One person told us that they didn't believe that vegetarian choices were varied enough, and some people felt that they had seen a decrease in choices on the menu since the arrival of a new chief executive. We were shown a questionnaire related to food provision and the provider's representative told us that where improvements could be made following receipt of people's responses, they would be.

Staff working with other agencies to provide consistent, effective, timely care/supporting people to live healthier lives, access healthcare services and support

- The provider worked with other healthcare professionals to ensure positive outcomes for people, for example eye healthcare facilities were on-site.
- We saw from records that concerns were shared with professionals in a timely manner.

Adapting service, design, decoration to meet people's needs

- □ We saw there was an environment assessment in place. This assessed any hazards, who may be harmed, if the risk was controlled and any further action to take. The assessment also considered equipment used by people and adapted vehicles.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- People told us that staff sought their consent before supporting them and one person told us, "They ask before helping." A relative told us, "Yes they do ask [person] if it is ok for them to do something." A staff member told us, "I always ask if it is okay to assist people, I am in their home and it is only respectful."
- Staff spoke of how they would recognise non-verbal gestures from people who could not voice their consent verbally and spoke of head shakes, smiles and body language.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring towards them with one person saying, "Oh yes, they are like family to me now." A relative shared, "They [staff] are all lovely. It was hard to accept carers in our home, but it has turned out the best thing for both of us."
- We saw positive interactions between staff members and people during the inspection and found that people knew staff well and vice versa.
- The registered manager and staff were aware of the need to ensure people's diversity were respected. Any cultural and religious needs were acknowledged.
- We saw that the provider had been in discussions with ethnic groups within the community, to provide them with information and guidance on the services provided and a specific officer had been appointed to take up this role.

Supporting people to express their views and be involved in making decisions about their care

- We found people were offered choices as far as possible and one person told us, "I make my own choices. I choose my meals, I have whatever I fancy at the time." A relative said, "Yes [person] makes all their own choices."
- One person told us, "I know about my care plan, I am deeply involved in developing it." A relative told us, "Yes [person] has a care plan, it has been reviewed in the past."
- Where people required the services of an advocate, the Registered Manager told us that they would signpost the person to the relevant organisation. An advocate assists people to express their views and wishes and stands up for their rights.

Respecting and promoting people's privacy, dignity and independence

- People lived within their own homes and therefore had some degree of independence. However, staff supported people as much as possible to maintain their independence and one person told us, "They [staff] do encourage me to do things and take me for a little walk about each day, just to keep my joints moving." A relative told us, "They [staff] do encourage [person] to do as much as possible for themselves."
- People were treated with dignity and their privacy was respected. We saw staff knock on people's front doors before entering. One person told us, "They [staff] do give me my dignity. I have needed them to clean me up when they come, and they just get on with it, with no fuss or embarrassment." A relative told us, "Yes they do respect [person's] dignity. They are very patient and understanding. They listen to [person] too."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were basic and covered guidance for staff to carry out day to day care of people, however, we were shown plans of how they were to be updated imminently. We saw that the new care plans were comprehensive and would provide information that was currently lacking, such as individualised information around life history, likes and dislikes and general preferences.

- People told us that their current care plans had been shared with them and that they were reviewed on a regular basis.

- One relative we spoke with shared concerns that her family member did not yet have a care plan in place after using the service for a number of weeks. The representative of the provider told us that this had occurred due to those who needed to be involved had been absent and information was still being awaited from the local authority. We discussed the need for an interim care plan to be put in place and it was agreed that this would be completed immediately.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People using the service had some degree of sight loss. We were told about how written information could be produced in large print, braille or in an audible format where required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We found that there were lots of things available on-site for people to get involved with. This included, but was not limited to, a day centre carrying out social activities, a café and bar area, a craft workshop and a gym.

- We saw that visitors were welcomed to use the facilities and that they interacted with staff.

- Employment opportunities were available for people and we saw how people carried out roles within the centre.

- Where required the service taught life skills to people to enable them to relearn lost skills or gain new skills to allow them to live independently.

Improving care quality in response to complaints or concern

- People told us they knew how to complain if needed. One person told us, "I haven't ever had to complain, but I think I would know how to go about it." A relative said, "I would speak to the manager if I had any serious concerns. Any niggles are sorted out straight away though."
- We saw that since the last inspection there had been no official complaints recorded. The Registered Manager believed this was due to their 'nip it in the bud' initiative. This entailed the Registered Manager speaking with people on an ongoing basis to see if they had any concerns and also ensuring people knew they could approach her with issues at any time. We saw that any low level issues had been dealt with and resolved as required.

#### End of life care and support

- One person using the service was classed as receiving palliative care and staff were aware of the provision in place. The new paperwork being introduced included a comprehensive section around end of life care and people's preferences.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- During the previous inspection we found that checks had not been made regarding some hazards within the building. At this inspection the Registered Manager told us how they looked for any specific hazards on their daily walk around of the building.
- There were systems in place to monitor the quality of the service. This included audits of infection control, daily recordings and medication. We were told how the new system being introduced would make audits easier to complete.
- The provider and registered manager understood the regulatory requirements of their role. They had ensured that notifications were sent to us where incidents occurred, their most recent inspection rating was displayed within the building, but not on the website. It was explained that this was an oversight as IT technicians worked on-site and they had instant capability to complete any IT task and this had not happened intentionally. This was completed retrospectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Previously it was found that feedback was not taken effectively and that findings were not shared appropriately with people. We found that written feedback was taken in the form of questionnaires and that people were given information related to the feedback. Since the last inspection the Registered Manager had also begun to take verbal feedback from people each month and this was recorded. We saw that where feedback was about care provided this was positive and one person had said, 'I couldn't find anywhere better to live'. We saw plans for more extensive feedback to be taken including a questionnaire around food.
- There had been some meetings for people using the service, but we saw that these were currently being adapted into 'steering groups' where everyone using the service and relatives would be invited to join in. We were told how senior management would be accountable to these groups and how information coming into the groups would be audited and used as action points.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People knew the Registered Manager, one person told us, "[Registered Manager] is lovely, nothing is too

much trouble for her, she is a very helpful lady." A relative told us, "Yes, we know the manager. She is very helpful, if I have any problems at all I just have to ask, and she does her best to help me." A staff member told us, "I can always go to [Registered Manager's name] she is approachable and helpful."

- Staff we spoke with were motivated for their role and spoke positively of the service. One staff member said, "There is a good atmosphere here, it is a good place to work. Everybody is lovely and helpful, we all know each other and it is like a family. There was a low staff turnover and a number of staff had worked at the service a number of years, some over thirty years."
- Staff were encouraged and supported by the provider to develop their personal skills to benefit their own career and enable improvements in people's care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and met their duty of candour. Any concerns raised by people were looked into and actions taken where required.
- The Registered Manager understood the importance of contacting the local authority safeguarding team or CQC should any reportable incidents occur.
- Staff had been provided with information on whistle blowing and told us they felt comfortable in doing so. One staff member said, "I have done it in a previous job and would do it here if I needed to, but I haven't had to". A whistle-blower exposes any information or activity deemed not correct within an organisation.

Continuous learning and improving care / Working in partnership with others

- Lots of changes were being implemented within the service and these were ready to 'go live' with the paperwork in place and staff were aware of the changes and their roles. We saw how the new recording templates would benefit people and the service, as they were detailed and much more specific to individual needs and requirements.
- We found that staff worked well with health professionals and saw them contacting them on the day of inspection to ensure that people's needs were met.